



REQUIRED FOR FINAL OUTPROCESSING
DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

MEMORANDUM FOR _____ Date: _____
(Members Name and SSAN)

FROM: 673 FSS/FSMPD (CAREER DEVELOPMENT)

SUBJECT: Terminal Leave Policy

1. IAW AFI 36-3003 para 6.7.5.5 members will not return to duty when terminal leave begins. Members will Final Out-process with separations section **in uniform** one duty day prior to the start of their terminal leave or permissive TDY. Separations cannot schedule your appointments until leave forms are turned in. Bring the original leave forms signed by your commander to your Finance appointment and your leave number(s) will be issued at that time. **After the leave numbers are issued by the finance office,** the Separations office will schedule your final out-processing appointment and update your Virtual Out-Processing Checklist. Unit commanders may recall members from leave due to military necessity or urgent, unforeseen circumstances.
2. Please acknowledge receipt and understanding below.

//SIGNED//
Career Development Technician

1st Ind, Separating Member

TO: 673 FSS/FSMPD (CAREER DEVELOPMENT)

I acknowledge receipt and understanding of terminal leave policy.

(Member's Signature/Date)



REQUIRED FOR FINAL OUTPROCESSING
DEPARTMENT OF THE AIR FORCE
PACIFIC AIR FORCES

MEMORANDUM FOR _____ Date: _____
(Members Name and SSAN)

FROM: 673 FSS/FSMPD (RETIREMENTS AND SEPARATIONS)

SUBJECT: Final Out-Processing Appointment Policy

1. I understand I must have my final out-processing appointment **Before** I start my Terminal Leave / Permissive TDY. I understand I must be finished with all out-processing actions and have all documents listed on my out-processing checklists to finish my final out-processing appointment with the Career Development Office. I understand I must be in uniform for my final out-processing appointment. I understand unit commanders may recall members from leave due to military necessity or urgent, unforeseen circumstances.

2. Please acknowledge receipt and understanding below.

//SIGNED//

Career Development Technician

1st Ind, Separating Member

MEMORANDUM FOR 673 FSS/FSMPD (CAREER DEVELOPMENT)

I acknowledge receipt and understanding of Final Out-Processing Appointment policy.

(Member's Signature/Date)



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DEPARTMENT OF THE AIR FORCE
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MEMORANDUM FOR _____ Date: _____
(Member's Name and SSAN):

FROM: 673 FSS/FSMPD (CAREER DEVELOPMENT)

SUBJECT: Veterans Outpatient Dental Treatment for Discharged or Released Personnel

1. I acknowledge in accordance with Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981, and Title 38 U. S. C., Section 1712, limits eligibility to Outpatient Dental Treatment currently provided by the Department of Veterans Affairs (DVA).

2. I acknowledge I'm eligible for Dental Treatment providing the following criteria is met.

a. If I have served at least 180 days of active duty.

b. If I apply to the DVA for required treatment within 90 days of discharge or release from active duty.

c. My DD Form 214, **Certificate of Release or Discharge from Active Duty**, contains a statement that a complete dental examination and appropriate dental services and treatment were not provided by the armed forces within 90 days prior to your discharge or release.

3. My signature below indicates I acknowledge receipt and understanding of Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981, and Title 38 U. S. C., Section 1712, which limits eligibility to Outpatient Dental Treatment currently provided by the Department of Veterans Affairs (DVA).

(Member's Signature/Date)

1st Ind, 673 DENTAL SQUADRON

TO: 673 FSS/FSMPD (CAREER DEVELOPMENT)

Member **HAS/HAS NOT** been provided a complete dental examination and all appropriate dental services and treatment **WAS/WAS NOT** provided by the Armed Forces within 90 days prior to his/her discharge or release.

(Signature of Dental Representative)

2nd Ind, Separating Member

TO: 673 FSS/FSMPD (CAREER DEVELOPMENT)

I have been briefed on the eligibility criteria concerning DVA Outpatient Dental Treatment and understand the provisions mentioned in the memorandum.

(Member's Signature/Date)



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MEMORANDUM FOR _____
(Member's Name and SSAN):

FROM: 673 FSS/FSMPD (CAREER DEVELOPMENT)

SUBJECT: Medical Examination for Retirement

1. I acknowledge that Air Force policy mandates a medical examination (physical) per AFI 48-123 before retirement when certain conditions exist. **The medical facility will determine whether an examination is mandatory or optional.** . In addition, an occupational health examination prior to retirement may be required. Public Health personnel must determine the need for this examination based upon Air Force Occupational Safety and Health (AFOSH) standards.
2. I acknowledge there are instances when a physical examination is not mandatory, it may be administered upon your request. If I have the option, I (do) (do not) desire a medical examination in conjunction with my scheduled retirement. I understand if I elect not to undergo a medical examination the decision may be waived only by approval of HQ AFPC/DPAM upon presentation of substantial medical information to warrant changing Retirement processing.
3. I acknowledge and understand that I have been directed to visit the TRICARE Service Center (TSC) at my host medical treatment facility (MTF) to discuss continuation of TRICARE-Prime enrollment
4. I acknowledge that I must return this memorandum to my servicing MPF Personnel Relocations Element after endorsement by the medical facility and prior to receiving my Retirement orders.

(Member's Signature/Date)

1st Ind, 673 FSS/FSMPD (CAREER DEVELOPMENT)

TO: FORCE HEALTH MANAGEMENT

1. Request your activity review the member's health records to determine: if a physical examination is required, and if an occupational health examination is required. After reviewing the member's health records, please provide endorsement below and instruct member to return this memorandum to the MPF Personnel Relocations Element.
2. Air Force members who are separating have been directed to visit the TRICARE Service Center (TSC) at their host medical treatment facility (MTF) to discuss continuation of TRICARE-Prime enrollment.

//SIGNED//
Career Development Technician



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2nd Ind, FORCE HEALTH MANAGEMENT

TO: 673FSS/ FSMPD (CAREER DEVELOPMENT) Separating Member
In Turn

The medical records of _____ were reviewed according to AFI 48-123 and it was determined a physical examination for retirement (is not required) (is required), (and/or) an occupational health examination (is not required) (is required). Appointment is _____. When a medical examination is not required, file the original of this memorandum in the member's medical record. If the member is retiring they have been counseled by the TRICARE Service Center (TSC) to discuss continuation of TRICARE-Prime enrollment.

(Base Medical Rep signature, printed name, grade)



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MEMORANDUM FOR _____
(Member's Name and SSAN):

DATE: _____

FROM: 673 FSS/FSMPD (CAREER DEVELOPMENT)

SUBJECT: Transition Assistance Counseling

1. Public law requires that you be provided timely transition assistance counseling. To comply with this requirement you must contact the Transition Assistance Office at the Military Family Readiness Center (MFRC), Bldg 8535, Wewak Drive, 552-4943 upon initiating retirement processing, to schedule your counseling.
2. In conjunction with the counseling, a DD Form 2648, Pre-Separation Counseling Checklist will be accomplished. The Transition Assistance Manager, will furnish the form to be filed by the MPF in your permanent records.
3. In addition to the mandatory individual briefing, a 3-day TAP seminar is provided monthly and attendance is highly encouraged. Call the MFRC for dates to register. Attendance at this seminar does not replace the mandatory briefing.
4. Due to the number of personnel and the time restraint on these appointments, please exercise professional courtesy towards other individuals transitioning from the military and keep your scheduled appointment with the MFRC. If you need to reschedule, please provide 24 hours notice.

//SIGNED//

Career Development Technician

1st Ind, 673 FSS/FSFR (MFRC)

TO: 673 FSS/FSMPD (CAREER DEVELOPMENT)

Member has received transition assistance counseling.

(Signature of TAP Counselor)



REQUIRED FOR FINAL OUTPROCESSING
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MEMORANDUM FOR 673FSS/FSMPS (CUSTOMER SERVICE)

DATE: _____

FROM: 673 FSS/FSMPD (CAREER DEVELOPMENT)

SUBJECT: Identification Card and Passport Requirements for Retiring Personnel

1. (Grade/Name: _____) is retiring from the USAF effective (Date: _____) and is scheduled to final out-process on (Date: _____). Please prepare ID card applications for member and dependents, if applicable, as indicated below:

- a. () Involuntary Separation (Temporary ID cards for 90 days).
- b. () Prior to ETS Separation. ID cards are to expire on date of separation as indicated in paragraph 1 above.
- c. () Temporary Disability Retirement List (TDRL).
- d. () Retirement. (Retiree ID card will be issued no earlier than 7 days prior to your retirement date).
Members Initials _____.
- e. () TAP Eligible.
- f. () Transfer to a Reserve Component. Expiration of Reserve obligation.
- g. () Appellate Review Leave. Temporary ID cards for 1 year.

2. Ensure receipt of any Government issued passports.

3. Please complete the first endorsement and return to 673 FSS/FSMPD.

//SIGNED//

Career Development Technician

Attachment:

Retirement Order

1st Ind, 673 FSS/FSMPS (CUSTOMER SERVICE)

DATE:

TO: 673 FSS/FSMPD (CAREER DEVELOPMENT)

- 1. () Action requested above has been completed on (date).
- 2. () Appropriate ID cards have been confiscated and returned to military control.
- 3. () Suspense file has been established to retrieve any ID cards which were not surrendered.

(Customer Service Rep Signature, printed name, grade)



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MEMORANDUM FOR ALL SEPARATING AND RETIRING PERSONNEL

FROM: 673 CPTS/FMF
8517 20TH St. Suite. 103
Elmendorf AFB, AK 99506

SUBJECT: Finance Out-processing

1. A Finance briefing is held every **Friday at 0730 in building 8517 room 103; which is located in the People Center on the 1st floor. Attendance is mandatory. Please direct any questions to our office at 552-0986.**

2. PLEASE BRING THE FOLLOWING ITEMS WITH YOU:

TWO COPIES OF ORDERS AND AMENDMENTS

COMPLETED PERMISSIVE/TERMINAL LEAVE FORMS APPROVED BY COMMANDER (IF APPLICABLE)

PRINTED NAME: _____ DOS: _____

FUTURE MAILING ADDRESS: _____

PHONE # WHERE YOU CAN BE CONTACTED AFTER SEPARATION: () _____

3. Your final pay will be sent to you current direct deposit account no later than three duty days after your date of separation. If you would like this payment deposited to an account other than your direct deposit account please provide the following information:

BANK NAME: _____

BANK ADDRESS: _____

ACCT NUMBER: _____

ROUTING NUMBER: _____

TYPE OF ACCOUNT: Checking or Savings (Circle one)

4. THE FOLLOWING CHECKLIST ITEMS NEED TO BE SIGNED OFF AT YOUR UNIT.

A. Does the member have a report of survey pending? Yes/No

Reason: _____ Amount: _____

ROS MONITOR: _____ DUTY PHONE: _____

SIGNATURE: _____ DATE: _____

B. Has the member's Government Travel Card been deactivated? Yes/No

GTC REP: _____ DUTY PHONE: _____

SIGNATURE: _____ DATE: _____



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PACIFIC AIR FORCES**

5. ALL MEMBERS MUST GO TO MPS FORCE MANAGEMENT FOR THE FOLLOWING ITEMS:

A. Has the member had any Article 15 or court-martial action within the past 90 days?

FORCE MANAGEMENT REP: _____ DUTY PHONE: _____

SIGNATURE: _____ DATE: _____

THE FOLLOWING IS TO BE COMPLETED BY MPF - CUSTOMER SERVICE NO EARLIER THAN 5 DUTY DAYS FROM YOUR FINANCE APPOINTMENT

Annotate any leave the member has taken in the past 120 days to include any corrections and cancellations.

LEAVE NUMBER: _____ DATES: _____ THRU: _____

LEAVE NUMBER: _____ DATES: _____ THRU: _____

LEAVE NUMBER: _____ DATES: _____ THRU: _____

MPE REP: _____ DUTY PHONE: _____

SIGNATURE: _____ DATE: _____

6. ALL MEMBERS MUST GO TO FINANCE/FMA - ROOM 311 FOR THE FOLLOWING ITEMS:

A. Does the member have an open travel orders? Yes / No

Order # _____ Order # _____ Order # _____

FMA REP: _____ DUTY PHONE: _____

SIGNATURE: _____ DATE: _____

7. NOTE FOR DORM RESIDENTS: Ensure the Dorm Manager completes an AF Form 594 upon your termination from the dorms. Your BAH will not start until we receive this document for processing.

8. TO MEMBER: I understand that my final pay, to include pay and allowances, leave sell, etc., will not be released until after my Date of Separation. Payment could be as late as 10 duty days after my DOS based on any pending issues.

MEMBER SIGNATURE: _____ DATE: _____

NOTE: Per AFMAN 65-116 Up to 45 percent of the member's total projected final separation pay may be withheld for potential or anticipated debts if this checklist is not completed and returned to the Finance Office.



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RETIREMENT CERTIFICATE REQUEST FORM

1. Complete Duty/Org Mailing Address of Retiree	
Organization	
Address 1	
Address 2	
Base/City, State, Zip Code	
2. Rank/Name (As you want it to appear on Certificate)	
3. Spouse's Name (As you want it to appear on Certificate)	
4. POC's Name (for ceremony)/Email/Phone	
Rank/Name/Phone #	
Email Address	
Organization	
5. Date of Ret Ceremony	
6. Retirement Month	
7. Tracking:	
LOCATION DROPPED OFF:	
DATE DROPPED OFF:	
DROPPED OFF WITH:	
DATE CONTACTED FOR PICKUP:	
DATE PICKED UP/NAME:	
SIGNATURE:	



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Bring the ORIGINALS and 1 COPY of the following items to your Final Out

- Copy of Retirement Order
- Virtual Relocation Processing Checklist – Must be completely signed off
- DD Form 214 Worksheet, Certificate of Release or Discharge From Active Duty
- AF Form 2587, Security Termination Form – Obtain from YOUR Unit Security Monitor
- Veterans Outpatient Dental Treatment Letter
- Medical Examination & Assessment Letter (DD 2697) – Signed by Health Force Management Staff
- ID Card & No Fee Government Passports – Signed by Customer Service
- DD Form 2656 Data for Payment of Retired Personnel (for Retirees Only, we do not need a copy but you must have made your final decision with Mr. Ed Crafton prior to your Final Out date.)
- Final Out-Processing Appointment Letter
- Terminal Leave Policy Letter
- SGLI – Retrieve from AFPC website ARMS or PRDA member
- AF IMT 988 leave form, 1 for PTDY (if taken) and 1 for Terminal leave

We will not be able to complete your final-out processing without all of the above documents.